Louisiana Regional HIV/AIDS Surveillance Report

Characteristics and Trends of Reported HIV and AIDS Cases

2001

Region IX: Hammond/Slidell Region

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Regional Epidemiologic Profile

Region IX: Hammond/Slidell Region

This profile summarizes the status of the HIV/AIDS epidemic in the Hammond/Slidell region for cases diagnosed through 2001 and reported through May, 2002. Please refer to the technical notes (page 16) for information on the interpretation of HIV data.

The following are highlights of this year's report for Region IX:

- In 2001, the Hammond/Slidell region tied with the Houma Region for the lowest HIV/AIDS case rate in the state (7 cases out of every 100,000 persons).

- Through 2001, the cumulative number of persons detected and reported with HIV infection was 856 in Region IX. Also through 2001, 576 persons have been diagnosed with AIDS in Region IX. In 2001 alone, 31 new cases of HIV infection were detected and 26 new AIDS cases were diagnosed.

- By the end of 2001, there were 580 persons living with HIV/AIDS in Region IX. The number of persons living with HIV/AIDS continues to increase each year.

- Consistent with all 9 regions in the state, African-American men have the highest HIV/AIDS case rate in the Hammond/Slidell region, with 88 out of every 100,000 African-American men in Region IX newly-diagnosed with HIV/AIDS in 2001. Overall, 45% of newly-diagnosed HIV/AIDS cases in the region were African-Americans (men and women).

- In 2001, the proportion of HIV/AIDS cases in women in the region was 19%. Also, 23% of all people living with HIV/AIDS in the region are women.

- All of the regions, except for Region III, had an increase in AIDS cases in 2001.

- Over half (55%) of the newly-diagnosed cases in Region IX were among persons aged 35 to 44. Statewide 29% of newly-diagnosed cases were aged 35 to 44.

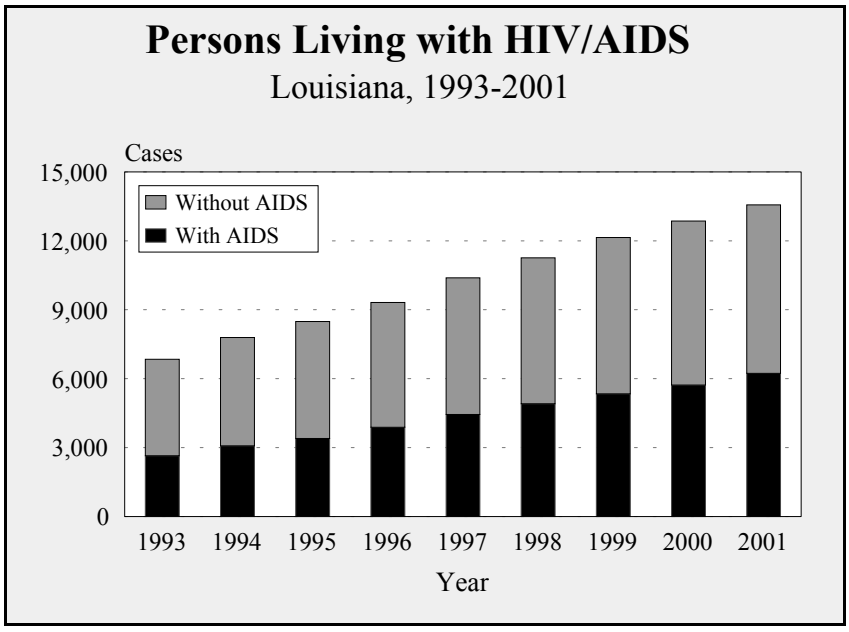
- AIDS-related mortality has dropped significantly since 1996, but increased slightly in Region IX from 2000 to 2001.

- Although the number of new HIV/AIDS cases attributed to men who have sex with men (MSM) has been decreasing throughout the state, the epidemic in MSM remains the largest of all transmission groups in Louisiana. Statewide in 2001, 43% of all cases with a specified risk for exposure were attributed to MSM exposure; in the Hammond/Slidell region 56% of all newly-diagnosed HIV/AIDS cases, for which a risk was specified, occurred among MSM.

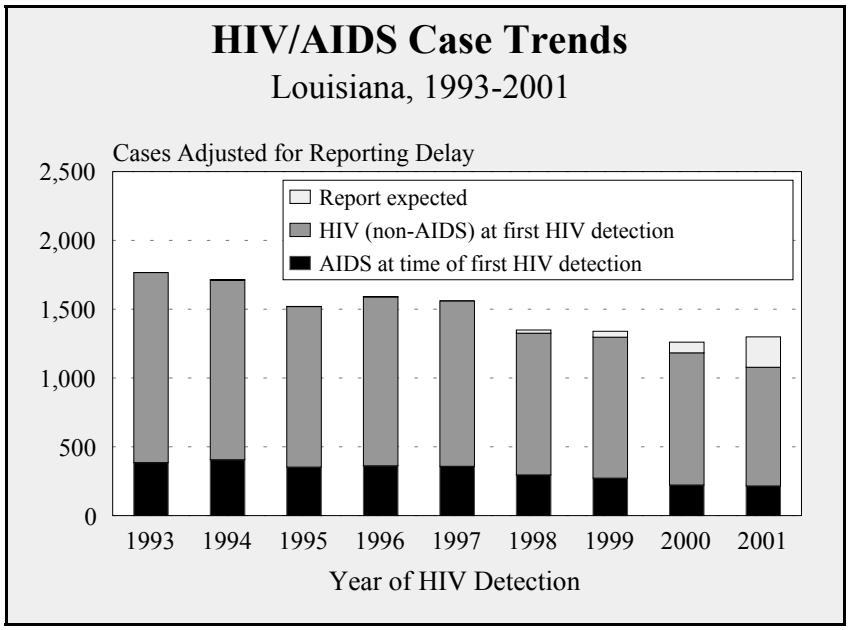
As the HIV/AIDS epidemic continues in persons at high risk and expands in persons who may not recognize their risk (e.g. women, sexual partners of persons at high risk), health care providers can play an important role in preventing HIV/AIDS. Physicians, nurses, and other health care workers should talk to every patient about his/her sexual behavior and recommend specific steps to decrease risky behavior, including reducing the number of sexual partners and using condoms routinely. As AIDS is

Public Health Regions

Region	Area	Parishes
I	New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard
II	Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Ponte Coupee, West Baton Rouge, West Feliciana
III	Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebone
IV	Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermillion
V	Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
VI	Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
VII	Shreveport	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
VIII	Monroe	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
IX	Hammond/Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

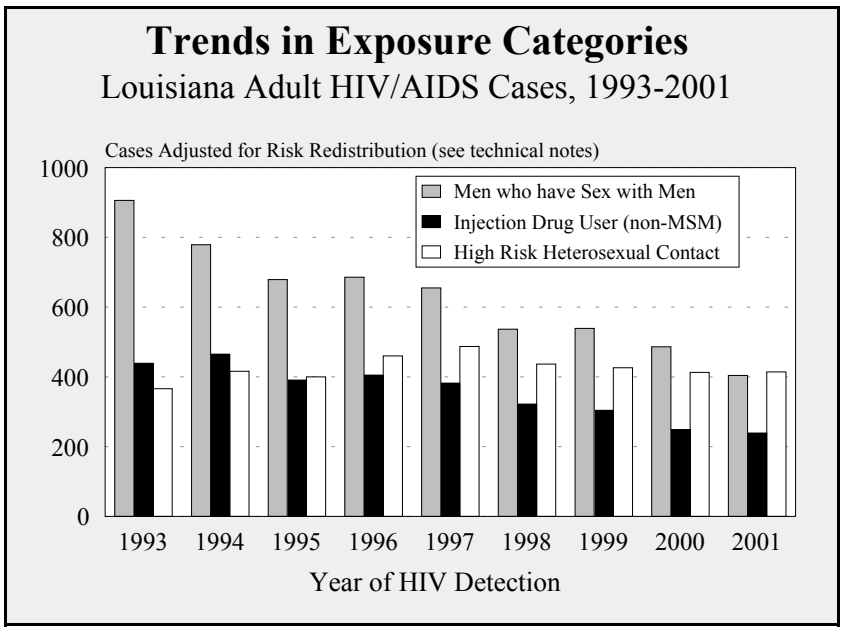


- The number of persons living with HIV continues to increase each year. At the end of 2001, 13,565 persons were known to be living with HIV/AIDS in Louisiana, of whom 6,236 (46%) had progressed to AIDS. This trend is largely due to the introduction of effective drug treatment and therapies, which delay the progression from HIV to AIDS and AIDS to death.



- In 2001, 1,078 new HIV/AIDS cases were detected statewide. Since 1993, the number of newly-detected HIV/AIDS cases has decreased by over a third, from 1,766 cases detected in 1993 to 1,078 cases detected in 2001.

- Of the newly detected cases in 2001, 22% were diagnosed with AIDS at the time of first HIV-detection.



- The largest proportion of cases detected in 2001 (38%) were attributed to heterosexual contact, after adjusting for unreported risk.

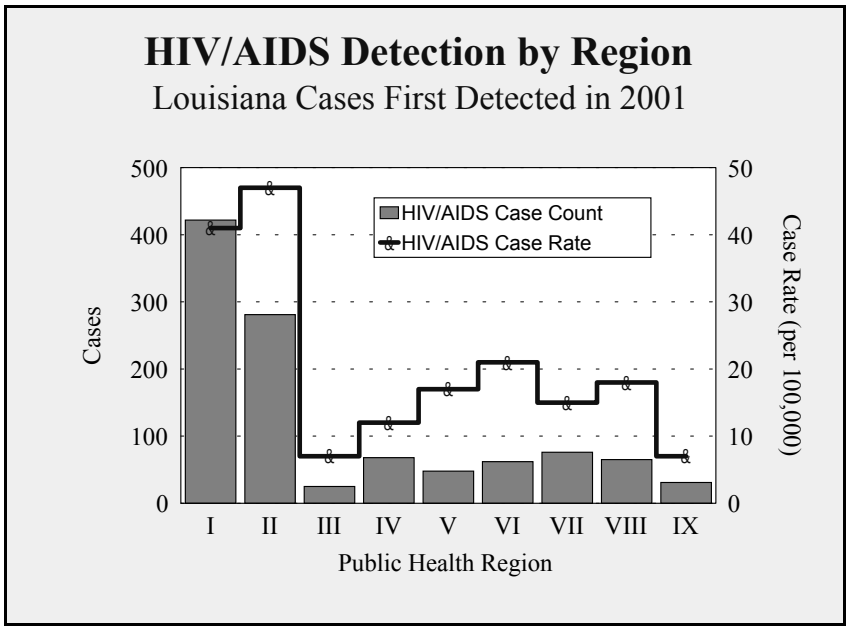
- Cases among MSM, including MSM/IDU accounted for 37% of all cases detected in 2001; however nearly half of all persons living with HIV in Louisiana (48%) may have been exposed to the virus through male-male sexual contact.

Louisiana HIV/AIDS Cases and Case Rates by Parish

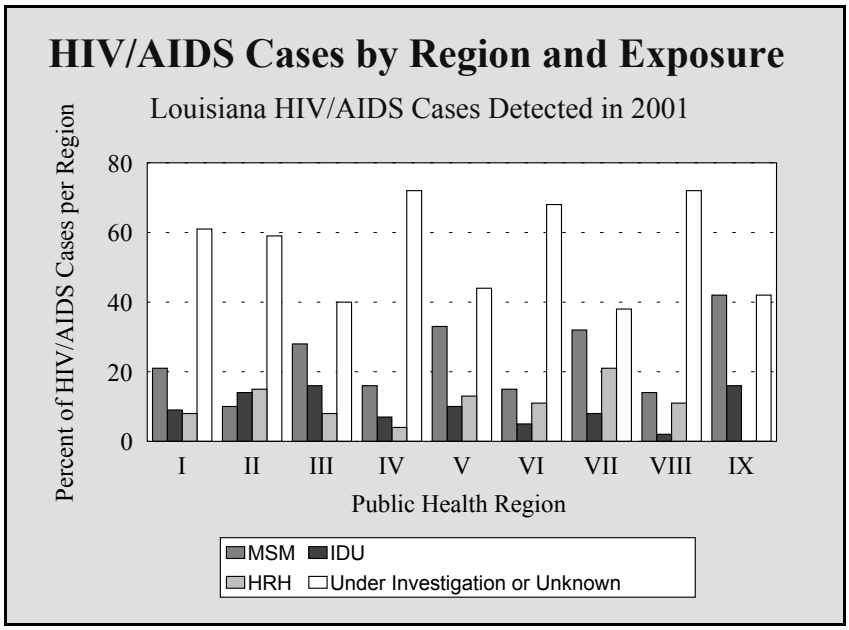
PARISH	AIDS DX[a] in 2001	HIV/AIDS Detected in 2001	HIV/AIDS Detection Rate, 2001[b]	Cum HIV/AIDS Cases[c]
Statewide	**858**	**1,078**	**24**	**21,584**
Region I	**343**	**422**	**41**	**10,604**
Jefferson	68	93	20	1,844
Orleans	271	321	66	8,563
Plaquemines	0	2	n/a	42
St. Bernard	4	6	9	155
Region II	**237**	**281**	**47**	**4,228**
Ascension	9	14	18	148
East Baton Rouge	185	230	56	3,371
East Feliciana	10	9	42	117
Iberville	14	15	45	231
Pointe Coupee	5	3	n/a	59
West Baton Rouge	4	6	28	115
West Feliciana	10	4	n/a	187
Region III	**27**	**25**	**7**	**644**
Assumption	0	0	n/a	29
LaFourche	4	3	n/a	101
St. Charles	2	2	n/a	92
St. James	3	0	n/a	57
St. John the Baptist	2	3	n/a	84
St. Mary	3	4	n/a	94
Terrebone	13	13	12	187
Region IV	**49**	**68**	**12**	**1,281**
Acadia	8	9	15	104
Evangeline	3	4	n/a	46
Iberia	6	9	12	109
Lafayette	14	20	10	639
St. Landry	14	14	16	211
St. Martin	2	8	16	87
Vermilion	2	4	n/a	85
Region V	**34**	**48**	**17**	**859**
Allen	4	2	n/a	141
Beauregard	3	3	n/a	60
Calcasieu	23	39	21	595
Cameron	1	1	n/a	8
Jefferson Davis	3	3	n/a	55

PARISH	AIDS DX[a] in 2001	HIV /AIDS Detected in 2001	HIV/AIDS Detection Rate, 2001[b]	Cum HIV/AIDS Cases[c]
Region VI	**35**	**62**	**21**	**881**
Avoyelles	6	10	24	193
Catahoula	2	4	n/a	22
Concordia	2	3	n/a	43
Grant	3	6	32	30
La Salle	0	1	n/a	7
Rapides	17	33	26	444
Vernon	2	3	n/a	72
Winn	3	2	n/a	70
Region VII	**56**	**76**	**15**	**1,285**
Bienville	0	2	n/a	18
Bossier	6	6	6	132
Caddo	34	53	21	885
Claiborne	6	2	n/a	58
De Soto	4	6	24	34
Natchitoches	2	4	n/a	80
Red River	0	0	n/a	9
Sabine	1	1	n/a	23
Webster	3	2	n/a	46
Region VIII	**51**	**65**	**18**	**946**
Caldwell	1	1	n/a	16
East Carroll	5	9	96	36
Franklin	0	0	n/a	22
Jackson	1	0	n/a	16
Lincoln	1	1	n/a	67
Madison	4	7	51	63
Morehouse	3	1	n/a	60
Ouachita	30	35	24	534
Richland	4	7	33	52
Tensas	1	2	n/a	29
Union	1	0	n/a	33
West Carroll	0	2	n/a	18
Region IX	**26**	**31**	**7**	**856**
Livingston	4	7	8	123
St. Helena	0	0	n/a	10
St. Tammany	9	10	5	353
Tangipahoa	6	10	10	190
Washington	7	4	n/a	180

[a] DX—Diagnosed with AIDS. AIDS diagnoses will be included in counts of HIV/AIDS detection (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.
[b] Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts.
[c] Cumulative HIV/AIDS may be interpreted as minimum number of cases reported in parish.



- The New Orleans region had the highest number of HIV/AIDS cases detected in 2001 and the Baton Rouge region had the highest HIV/AIDS detection rates (number of cases per population in the region). Region IX had the 8th highest rate and the 8th highest number of newly-detected cases in 2001.

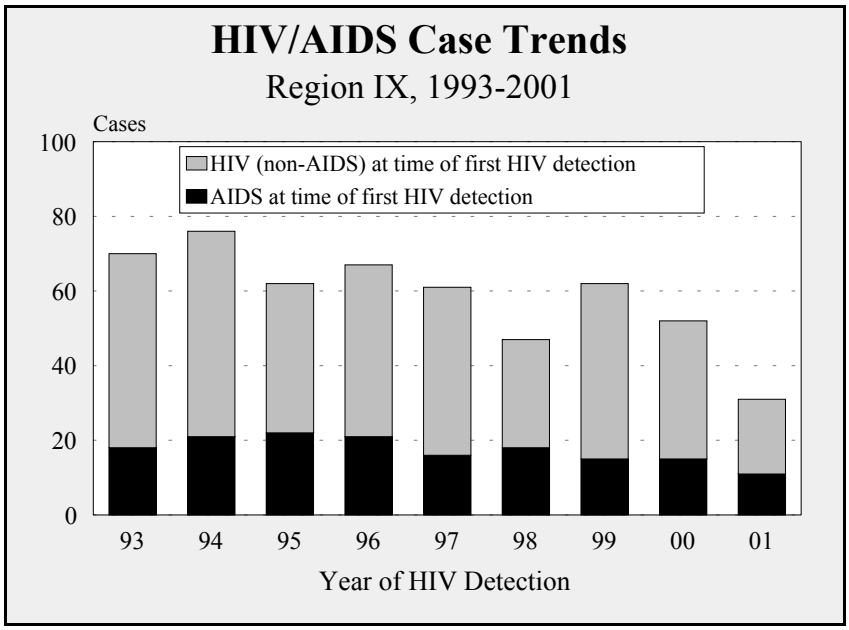


- In Region IX, which is similar to every region of the state except the Baton Rouge region, the largest proportion of newly-detected cases in 2001, with an identified exposure, were attributed to MSM exposure. In the Baton Rouge region, both injection drug use and high-risk heterosexual contact accounted for larger percentages of the newly-detected cases than did male-male sexual contact.

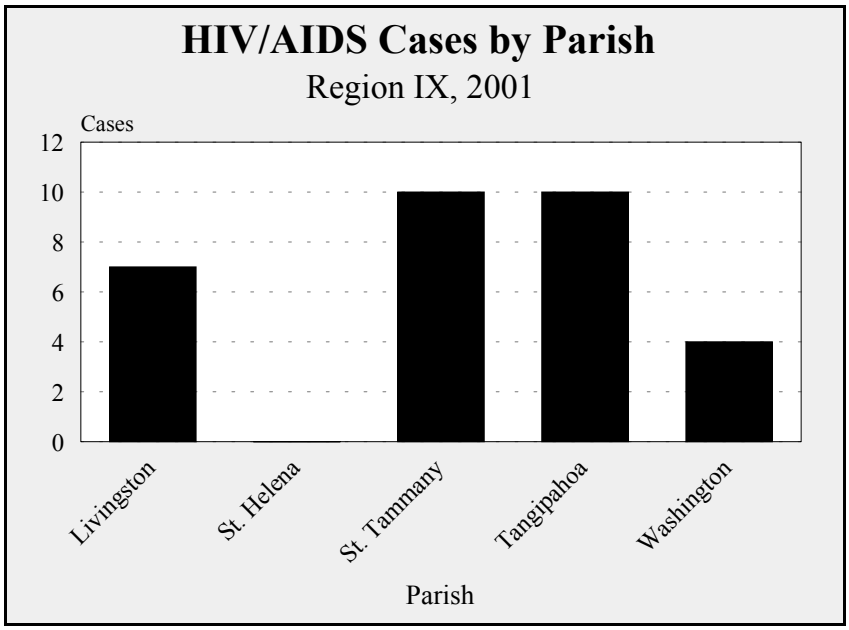
Characteristics of HIV-Infected Persons (HIV/AIDS)[a]
Region IX: Hammond/Slidell Region

	Persons with HIV/AIDS First Detected in 2001				Persons Living with HIV/AIDS	
	These columns reflect persons with HIV infection (HIV/AIDS) whose positive status was first detected in 2001 through confidential testing. Some of these persons may have been diagnosed with AIDS at the time HIV was first detected; therefore, this column does not reflect new cases of HIV infection but rather new cases of HIV detection.				*This column reflects the minimum number of persons living with HIV/AIDS by the end of 2001. This column includes persons living with AIDS.*	
	Statewide		Region IX			
	Cases	**Percent[b]**	**Cases**	**Percent[b]**	**Cases**	**Percent[b]**
TOTAL	1,078	100%	31	100%	580	100%
Gender						
Men	689	64%	25	81%	447	77%
Women	389	36%	6	19%	133	23%
Ethnicity						
African-American	796	74%	14	45%	276	48%
White	243	23%	16	52%	291	50%
Other	33	3%	1	3%	12	2%
Unknown	6	1%	0	0%	1	<1%
Age Group	**Age at HIV Detection**		**Age at HIV Detection**		**Age at End of 2001**	
Under 13	10	1%	0	0%	7	1%
13-24	219	20%	2	6%	22	4%
25-34	285	26%	6	19%	143	25%
35-44	316	29%	17	55%	255	44%
Over 44	248	23%	6	19%	153	26%
Exposure Group[c]						
MSM[d]	189	43%	10	56%	178	43%
IDU[d]	107	24%	5	28%	97	24%
MSM and IDU	14	3%	3	17%	50	12%
HRH[d]	121	27%	0	0%	65	16%
Trans/Hemo	2	1%	0	0%	9	2%
Perinatal	10	2%	0	0%	11	3%
Unspecified[e]	*635*	*59%*	*13*	*42%*	*170*	*29%*
Urban/Rural Parishes						
Urban	929	86%	17	55%	291	50%
Rural	149	14%	14	45%	289	50%

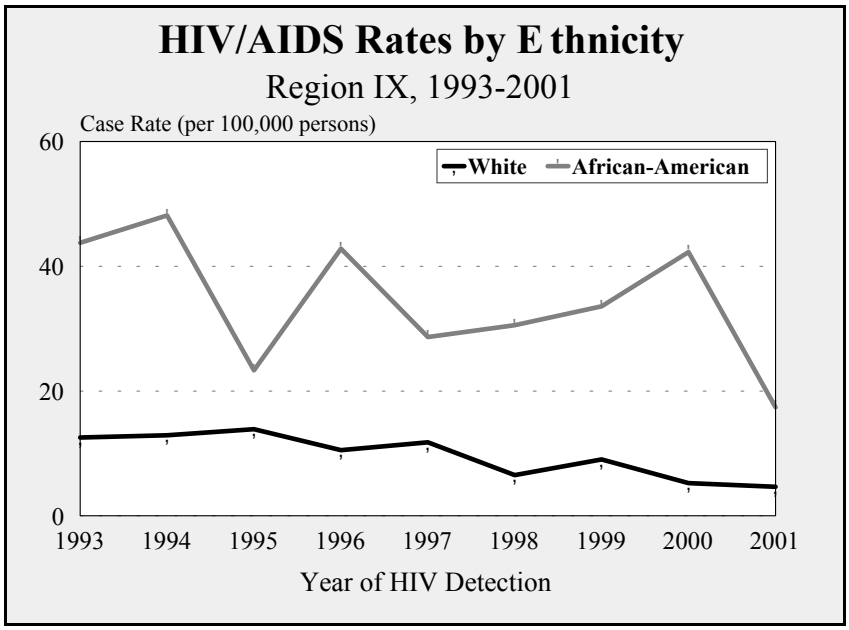
[a] HIV data collection started in 1993. Positive results of anonymous tests are not included due to the likelihood of repeated tests.
[b] Percentages might not add up to 100% due to missing values and rounding errors.
[c] Percents for identified exposure groups represent the distribution among those with a specified exposure.
[d] MSM: Men who have Sex with Men (non-IDU); IDU: Injection Drug Users; HRH: High Risk Heterosexual.
[e] Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.



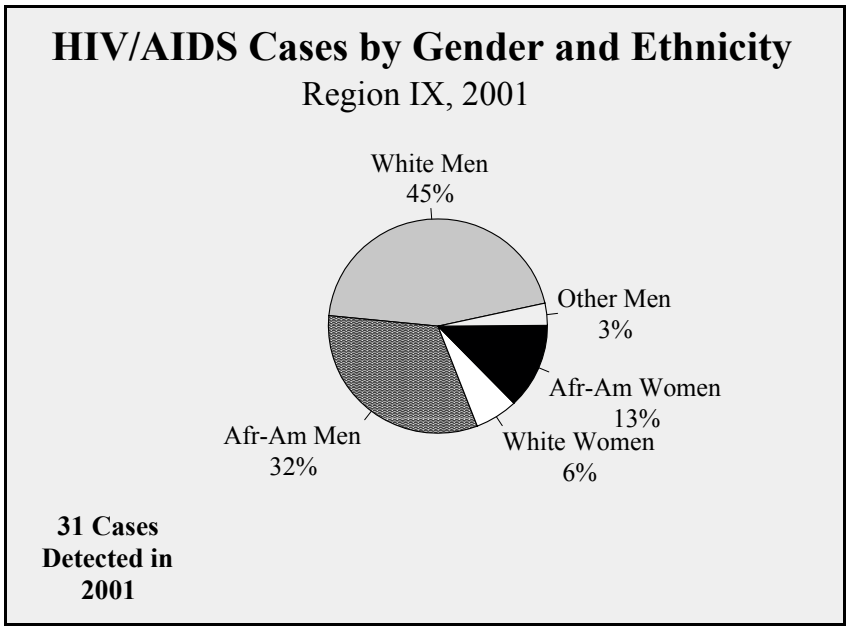
- From 2000 to 2001, the number of newly-detected cases in Region IX decreased, from 52 in 2000 to 31 in 2001. Of the persons who were detected with HIV in Region IX in 2001, 35% were diagnosed with AIDS at the time of first HIV detection.



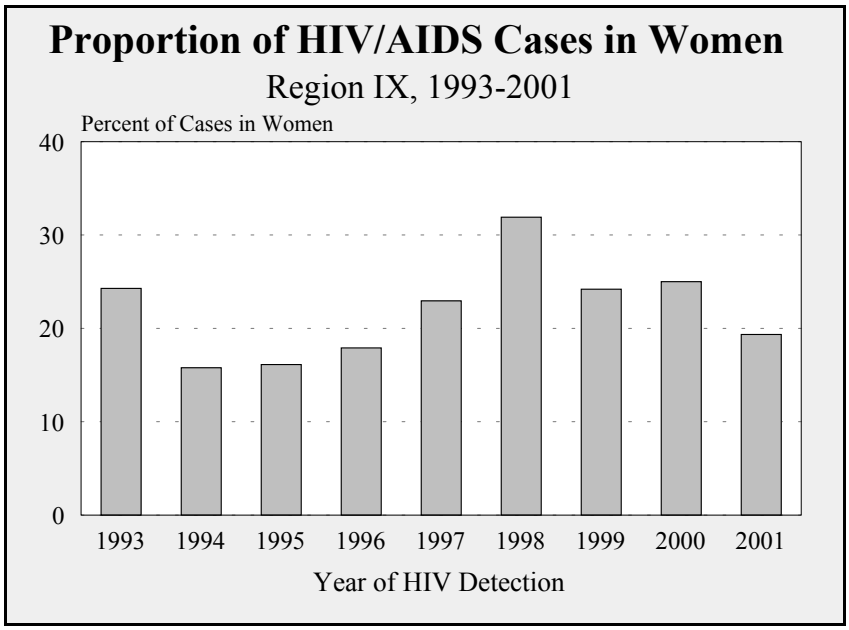
- In Region IX, St. Tammany and Tangipahoa parishes had the highest numbers of newly-detected cases in 2001.



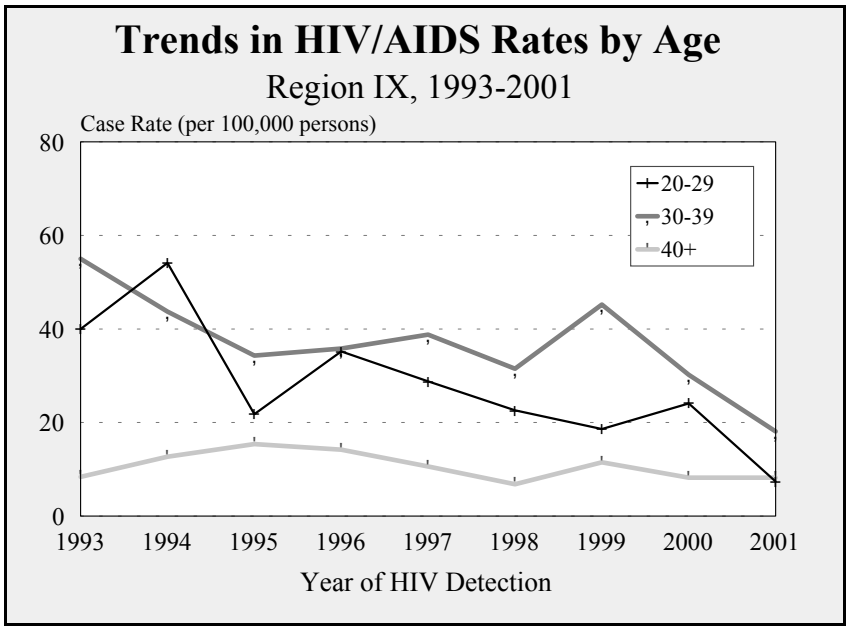
- From 1993 to 2001 rates in African-Americans were consistently higher than rates in whites and were generally decreasing during this time period. Year-to-year differences should be interpreted with caution due to small sample sizes.



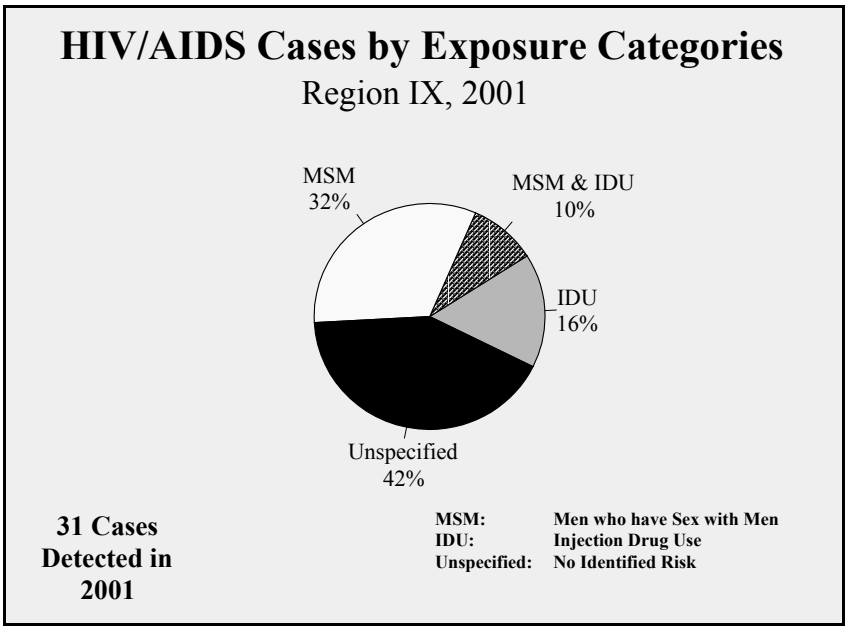
- Forty-five percent (45%) of newly-detected cases in 2001 were among white men, compared to 32% among African-American men.



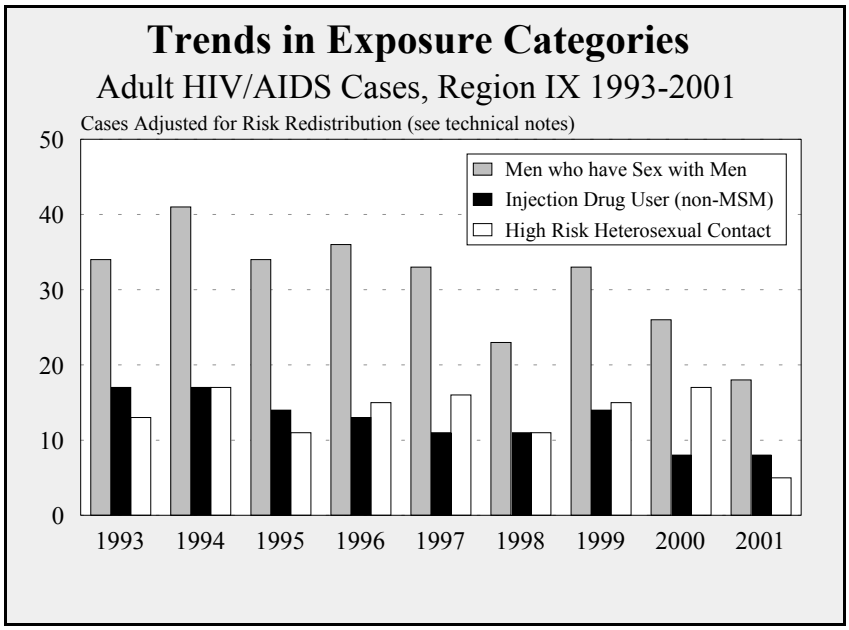
- Since 1998, there has been a decrease in the percent of new cases among women in Region IX. Nineteen percent (19%) of newly-detected cases in 2001, in Region IX, were among women. Statewide in 2001, 36% of newly-detected cases were among women.



- Persons 30 to 39 years of age had the highest rates of newly-detected cases. The detection rate among persons 20 to 29 years of age has declined substantially over time, while the rate among persons 40+ years of age has remained stable.



- In 2001, 42% of cases detected in Region IX were reported without any mode of exposure. Statewide in 2001, 59% of newly-detected cases were reported without any mode of exposure.



- After adjusting for unreported risk, the largest proportion of cases detected in 2001 (58%), in Region IX, were attributed to men who have sex with men.

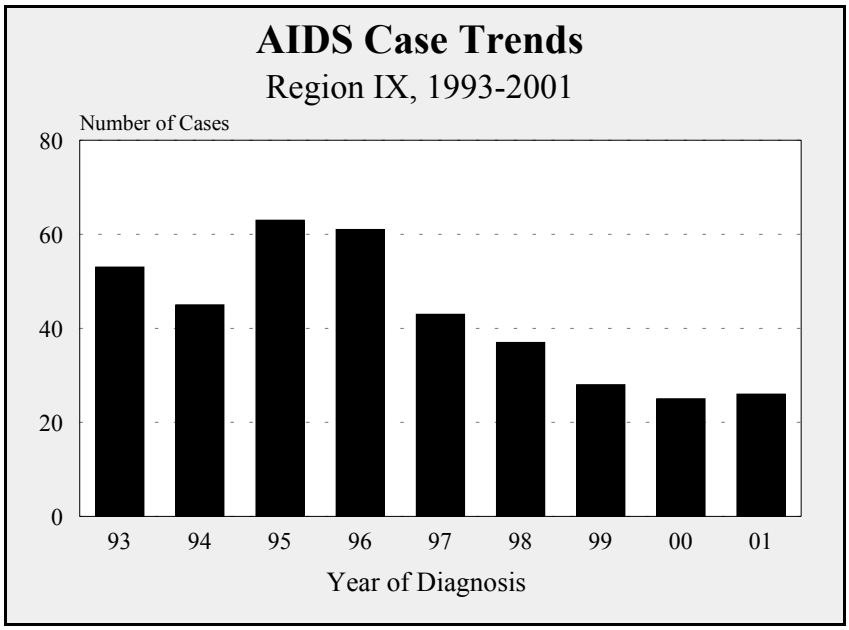
Characteristics of AIDS Cases
Region IX: Hammond/Slidell Region

	AIDS Cases Diagnosed in 2001		Cumulative AIDS Cases	
	Cases	Percent[a]	Cases	Percent[a]
TOTAL	26	100%	576	100%
Gender				
Men	26	100%	493	86%
Women	0	0%	83	14%
Age Group				
Under 13	0	0%	3	1%
13-24	2	8%	31	5%
25-34	4	15%	193	34%
35-44	16	62%	248	43%
45+	4	15%	101	18%
Ethnicity[b]				
African-American	15	58%	200	35%
White	11	42%	366	64%
Hispanic	0	0%	10	2%
Other	0	0%	0	0%
Ethnicity[b] and Gender				
Af-Am Men	15	58%	155	27%
White Men	11	42%	328	57%
Hispanic Men	0	0%	10	2%
Other Men	0	0%	0	0%
Af-Am Women	0	0%	45	8%
White Women	0	0%	38	7%
Hispanic Women	0	0%	0	0%
Other Women	0	0%	0	0%
Exposure Category[c]				
MSM	7	41%	264	53%
IDU	6	35%	84	17%
MSM and IDU	4	24%	57	11%
HRH	0	0%	64	13%
Trans/Hemo	0	0%	25	5%
Perinatal	0	0%	5	1%
Unspecified	*9*	*35%*	*77*	*13%*
Urban/Rural Parishes				
Urban	13	50%	326	57%
Rural	13	50%	250	43%
Facility Type				
Public	16	62%	351	61%
Private	10	38%	222	39%

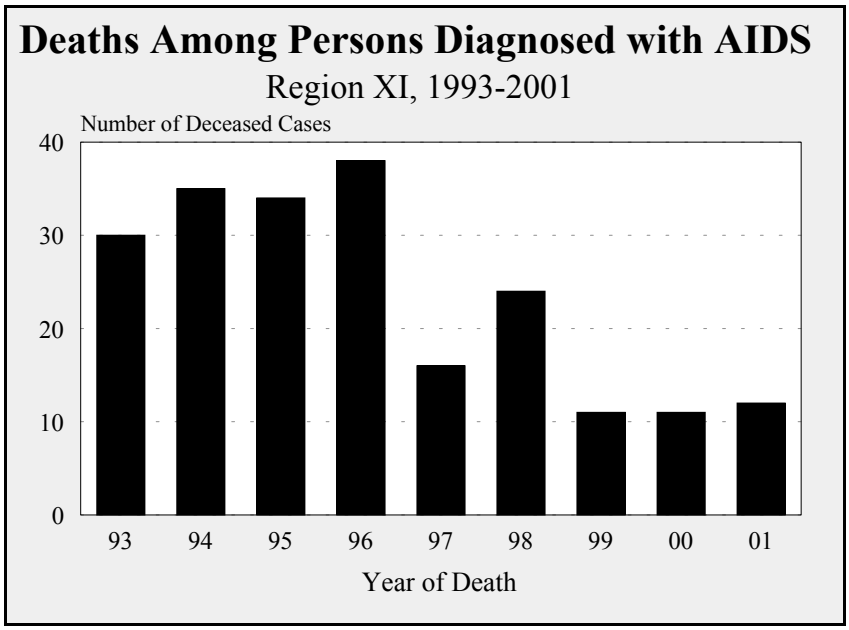
[a] Percentages might not add up to 100% due to missing values and rounding errors.

[b] Cases and rates by ethnicity do not include cases whose race/ethnicity is unknown.

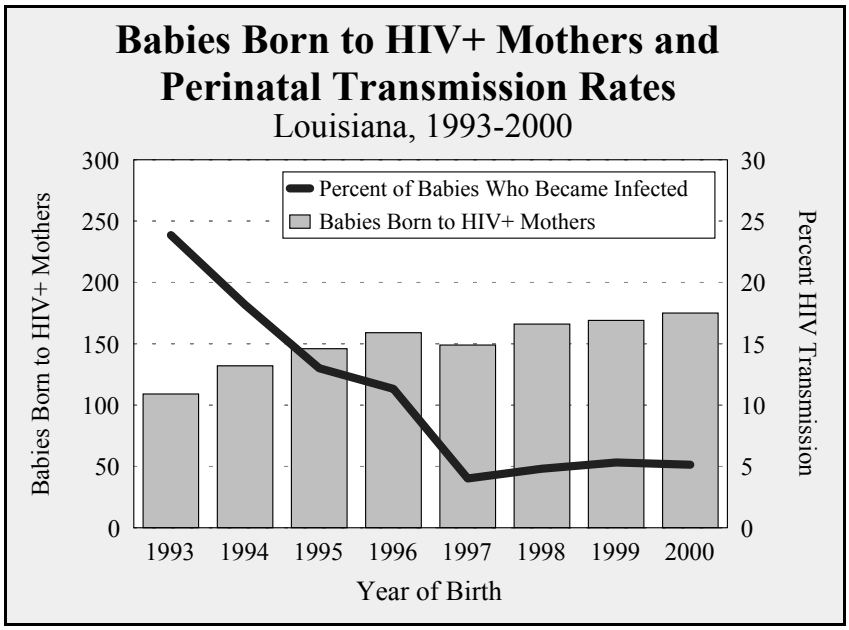
[c] MSM = Men who have Sex with Men; IDU = Injection Drug User; HRH = High Risk Heterosexual; Unspecified = Still Under investigation or unknown. See technical notes for further explanation.



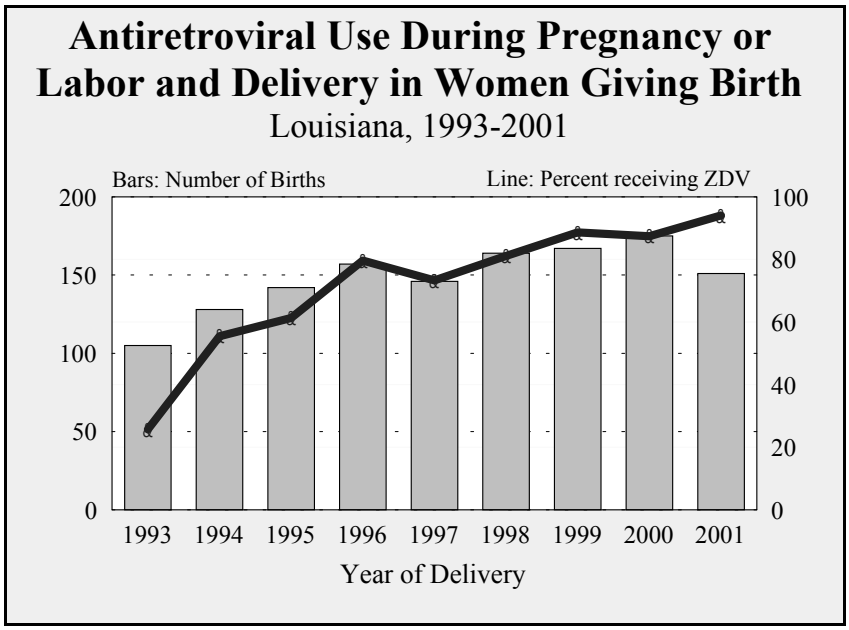
- From 1996 to 2000 there was a significant decline in the number of new AIDS diagnoses. However, from 2000 to 2001, in Region IX, there was an increase in the number of new AIDS cases.



- From 2000 to 2001, there was an increase in the number of deaths among persons diagnosed with AIDS in Region IX. Deaths among persons diagnosed with AIDS in Region IX represent 3% of AIDS-related deaths statewide.



- Perinatal transmission rates dropped dramatically from 1993 to 1997 with the introduction and widespread use of antiretrovirals during pregnancy, labor and delivery, and to the baby after birth. In recent years, the perinatal transmission rates have remained fairly stable. However, the number of HIV-infected babies will continue to increase as the number of babies born to HIV-infected mothers rises due to growing numbers of women living with HIV.



- As of May 2002, 151 HIV-infected women were reported to have given birth in 2001 statewide. Ninety-four (94%) of the HIV-infected women giving birth statewide received AZT in 2001.

TECHNICAL NOTES

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Throughout this report, all AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under detected and under reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who only have been tested anonymously.

Therefore, HIV detection data do not necessarily represent characteristics of persons who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases are classified into one of several hierarchical exposure (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV are assigned to the category listed first in the hierarchy. Definitions are as follows:

- **Men who have Sex with Men (MSM)**: Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU)**: Cases who report using drugs that require injection - not other route of administration of illicit drug use at any time since 1978.
- **High Risk Heterosexual Contact (HRH)**: Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g. heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant (Hemo/Transf)**: Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal**: HIV infection in children resulting from transmission from an HIV+ mother to her child.

- **Unspecified**: Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do not imply that modes of transmission other than sexual, blood, and perinatal are suspected. "Unspecified" cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

Case Definition Changes

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985[1]. The 1987 definition[2] revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded[3] to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a $CD4^+$ percentage of less than 14. A result of the 1993 definition expansion caused HIV-infected persons to be classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999[4] to include positive results or reports of detectable quantities of HIV virologic (nonantibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally exposed to HIV has been changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

Adjustment and Estimation Techniques

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, taking into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as "expected" cases. Adjustment programming was developed by CDC (HIV/AIDS Surveillance Report, 1994; 6(2): 37-38).

Recently reported cases, especially HIV (non-AIDS) cases, are more likely to be reported without a specified risk (exposure), thereby causing a distorting decrease among trends in exposure categories. Thus, proportions and graphic representation of trends among risk groups use estimated cases based on risk redistribution. This redistribution is based on preliminary national sex-and race- specific exposure classification distributions of previously unspecified HIV cases in the southern states. These redistribution parameters are similar to those based on national AIDS cases diagnosed prior to 1993 as well as those based on the distribution of specified cases in Louisiana.

[1] MMWR 1985; 34: 373-75.
[2] MMWR 1987; 36 [Supp no.1S]: 1S-15S.
[3] MMWR 1992; 41[RR-17]: 1-19.
[4] CDC 1999; 48[RR13]; 1-27.